

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number Q96644													
FY 2009		Confirmation Number 2137													
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)															
Application Number	10/590,663														
Filing Date	June 1, 2007														
For	METHOD OF MANUFACTURING PHOTOMASK BLANK														
Art Unit	1716	Examiner Name Not Yet Assigned													
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.															
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):															
		<u>Fee</u>	<u>Small Entity Fee</u>												
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$130.00	\$65.00												
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))		\$490.00	\$245.00												
<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))		\$1110.00	\$555.00												
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))		\$1730.00	\$865.00												
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))		\$2350.00	\$1175.00												
<input type="checkbox"/> Previous Payment Amount		Date Submitted	<hr/>												
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
<input type="checkbox"/> A check in the amount of the fee is enclosed.															
<input checked="" type="checkbox"/> Payment by credit card.															
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.															
<p>I am the</p> <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/></td> <td>applicant/inventor</td> </tr> <tr> <td><input type="checkbox"/></td> <td>assignee of record of the entire interest. See 37 CFR 3.71.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>attorney or agent of record. Registration Number <u>25,426</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td>attorney or agent under 37 CFR 1.34.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Registration number if acting under 37 CFR 1.34</td> </tr> </table> <hr/>				<input type="checkbox"/>	applicant/inventor	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.	<input type="checkbox"/>	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>25,426</u>	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.	<input type="checkbox"/>	Registration number if acting under 37 CFR 1.34
<input type="checkbox"/>	applicant/inventor														
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.														
<input type="checkbox"/>	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).														
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>25,426</u>														
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.														
<input type="checkbox"/>	Registration number if acting under 37 CFR 1.34														
<small>WASHINGTON OFFICE</small> 23373 <small>CUSTOMER NUMBER</small>															
<u>/Alan J. Kasper/</u> <small>Signature</small>		<u>December 22, 2010</u> <small>Date</small>													
<u>Alan J. Kasper</u> <small>Typed or printed name</small>		<u>(202) 293-7060</u> <small>Telephone Number</small>													
<small>Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>															
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.															